

**CHAPTER 80 - FORMS**

**DISPATCH FORMS.** All units will use appropriate forms as designated by this Mobilization Guide and by their Coordination Center.

- **RESOURCE ORDER FORM**  
See National Interagency Mobilization Guide, Page 101
- **MOBILE FOOD & SHOWER SERVICE REQUEST FORM**  
See National Interagency Mobilization Guide, Page 103
- **PASSENGER AND CARGO MANIFEST FORM**  
See National Interagency Mobilization Guide, Page 104
- **AIRCRAFT FLIGHT REQUEST/SCHEDULE FORM**  
See National Interagency Mobilization Guide, Page 105
- **INFRARED AIRCRAFT SCANNER REQUEST FORM**  
See National Interagency Mobilization Guide, Page 106
- **PREPAREDNESS/DETAIL REQUEST FORM**  
See National Interagency Mobilization Guide, Page 109
- **INCIDENT STATUS SUMMARY (ICS-209) FORM**  
See National Interagency Mobilization Guide, Page 110
- **MONTHLY WILDLAND FIRE WEATHER/FIRE DANGER OUTLOOK FORM**  
See National Interagency Mobilization Guide, Page 114
- **WILDLAND FIRE ENTRAPMENT/FATALITY INITIAL REPORT FORM**  
See National Interagency Mobilization Guide, Page 115
- **DOCUMENTATION OF LENGTH OF ASSIGNMENT EXTENSION REQUIREMENTS FORM**  
See National Interagency Mobilization Guide, Page 117
- **SAFECOM FORM** See form and instructions at: <https://www.safecom.gov/>.

Copies of the following forms are provided in the subsequent pages:

- **INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION**  
[http://www.airspacecoordination.org/coord/tfr\\_request.pdf](http://www.airspacecoordination.org/coord/tfr_request.pdf)
- **DOCUMENTATION OF CONTACTS REQUESTING DECONFLICTION OF AIRSPACE BY THE MILITARY** See <http://gacc.nifc.gov/gbcc/aircraft.php> under Aviation Forms
- **AIRSPACE BOUNDARY MANAGEMENT PLAN AND CHECKLIST**
  - <http://www.airspacecoordination.org>
- **GREAT BASIN INCIDENT MANAGEMENT TEAM EVALUATION**  
[http://gacc.nifc.gov/gbcc/GBCG/Memos/gb\\_imt\\_evaluation\\_fillable.pdf](http://gacc.nifc.gov/gbcc/GBCG/Memos/gb_imt_evaluation_fillable.pdf)
- **BUYING TEAM PERFORMANCE EVALUATION**

### REQUEST FOR A TEMPORARY FLIGHT RESTRICTION

DATE: _____		FAA ARTCC requires phone notification.	
TIME: _____		ARTCC _____	
Resource Order Number: _____		FAA PHONE: _____ FAX: _____	
Request Number: A - _____		DISPATCH OFFICE _____	
		PERSON REQUESTING TFR: _____	
		24 HR. PHONE (No Toll Free #s) _____	
<b>Circular</b> Degrees Minutes Seconds Only – use zero's for seconds if unavailable			
LAT/LONG of Center Point (US NOTAM OFFICE FORMAT <u>ddmmssN/ddmmssW</u> )		RADIUS (NM) (5 NM is standard)	
N/ W			
<b>Polygon</b> (List perimeter points in clockwise order). For NES Input: Use the same NAVAID if possible for each point. List nearest NAVAID (distance < 50 NM) - do not use NDB or T-VOR. (For lat/long - Degrees Minutes Seconds only)			
Point #	Lat/Long format <u>ddmmssN/ddmmssW</u>	Point #	Lat/Long format <u>ddmmssN/ddmmssW</u>
1	N W	5	N W
2	N W	6	N W
3	N W	7	N W
4	N W	8	N W

NOTAM # of TFR being replaced \_\_\_\_\_

Altitude (MSL: Only) \_\_\_\_\_

24 hours a day? \_\_\_\_\_ or Daytime Operational Hours: (UTC) \_\_\_\_\_ to \_\_\_\_\_

Incident TFR Duration: \_\_\_\_\_ to \_\_\_\_\_ (Estimate – 2 months out is ok)

Format: YYMMDDhhmm to YYMMDDhhmmGeographic Location of Incident (NM from nearest well known location recognizable to general aviation or local town, state)  
\_\_\_\_\_

Agency in Charge \_\_\_\_\_ Incident Name \_\_\_\_\_

24 hour phone number (No toll Free #s) \_\_\_\_\_ VHF-AM Air to Air Frequency \_\_\_\_\_

This will affect the following Special-Use Airspace: (MOA, RA, WA, PA, AA): \_\_\_\_\_

This will affect the following Military Training Routes:					
Route	SEGMENT(S)	SCHEDULING ACTIVITY	Route	SEGMENT(S)	SCHEDULING ACTIVITY

NOTAM # \_\_\_\_\_ Time Issued \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date/Time TFR Canceled: \_\_\_\_\_ By: \_\_\_\_\_ Replaced by \_\_\_\_\_

Feb 2015

 Approved by the Interagency Airspace Subcommittee  
 Suggestions for improvements may be sent to Julie Stewart at [j5stewart@blm.gov](mailto:j5stewart@blm.gov)

# DOCUMENTATION OF CONTACTS REQUESTING DECONFLICTION OF AIRSPACE BY THE MILITARY

I. MILITARY TRAINING ROUTES (MTRs)										
REQUEST CLOSURE OF SEGMENTS OR RESTRICTION (eg. ALTITUDE ADJUSTMENT) OF THE FOLLOWING MTRs:										
DATE / TIME	SCHEDULING AGENCY ACTIVITY	COMMERCIAL PHONE NUMBER	DECONFLICTION REQUESTED ON			CONTACT MADE TO (SCHEDULER NAME)	CONTACT MADE BY (DISPATCHER NAME)	IS ROUTE HOT? (Y/N)	REMARKS/ (DAILY CONTACTS)	RESTRICTION LIFTED (DATE/TIME AND CONTACTS)
			ROUTE •	FROM POINT	TO POINT					

II. SPECIAL-USE AIRSPACE (SUA) (MOAs, RAs, etc.)						
RELAY INFORMATION ON REVERSE ("INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION") TO THE SCHEDULING AGENCY AND/OR MILITARY ATC FACILITY						
DATE / TIME	SCHEDULING AGENCY OR ATC	PHONE NUMBER	REQUEST RELAYED TO (SCHEDULER NAME)	REQUEST RELAYED BY (DISPATCHER NAME)	REMARKS/ (DAILY CONTACTS)	RESTRICTION LIFTED (DATE/TIME AND CONTACTS)

## Great Basin Interagency - Airspace Boundary Management Plan and Checklist

**PURPOSE:** The requirement for increased management and coordination is due to the possibility of two or more agencies/cooperators conducting simultaneous, uncoordinated aviation operations within those areas which would unknowingly put the responding aerial operations within close proximity to another, placing aircraft and crews at risk. The purpose of this plan is to identify such boundaries and Initial Attack zones and provide means of communication, coordination, and airspace deconfliction within those areas.

Aerial operations on, or adjacent to agency/cooperator boundaries, and areas where a neighboring agency/cooperator provides fire suppression on lands administered by the adjoining agency/cooperator (mutual aid, shared, or exchanged Initial Attack areas or zones) require increased management and coordination.

### **GUIDELINES & PROCEDURES:**

- A. An imaginary 10 mile wide neutral air corridor will center on agency/cooperator boundaries. The neutral air for mutual or exchanged Initial Attack areas or zones will encompass the whole zone plus 5 miles outside the zones boundaries.
- B. Any agency conducting aerial operations within a corridor or zone will immediately notify the adjoining agency/cooperator of such operations. This is accomplished to and from dispatch offices prior to the commencement of operations and when operations cease. Examples of aerial operations include recon, fire suppression missions, special aviation projects, resource management flights, helicopter logging, etc.
- C. Agency aircraft will establish contact on the assigned air-to-air frequency. Should contact not be made, the contact air-to-air frequency will be Air Guard 168.625 Mhz. This frequency will be designated for initial contact and coordination between converging aircraft within corridors and zones only when contact is not otherwise possible. Because this frequency is programmed as the default receive frequency in all agency and contract aircraft FM radios and is intended for initial contact and emergency purposes only, it is imperative that this frequency not be utilized for tactical or logistical purposes. If Guard is used to establish initial contact, aircraft are expected to switch to an alternative frequency (i.e. the local or incident air-to-air frequency, etc.).
- D. When aircraft from two or more adjoining agencies/cooperators are being committed to the same general area of a corridor/zone:
  - Considering complexity, dispatch an Air Tactical Group Supervisor (ATGS).
  - Approaching aircraft will establish air-to-air frequency contact prior to entering the area.
  - Aircraft rely upon dispatch centers for current relevant information. Therefore, coordination between dispatch centers must occur prior to dispatch.
- E. When an aircraft is dispatched to an incident within a corridor/zone and no other aircraft are known to be present:
  - The approaching aircraft will attempt to establish contact on the assigned frequency. If unsuccessful, Guard frequency 168.625 will be utilized.
  - Perform a high level recon prior to low-level activities.
  - Practice see and avoid.
  - The dispatch initiating the flight will notify and coordinate with the adjoining agency/ cooperator dispatch.
- F. Temporary Flight Restrictions (TFRs) within or in close proximity to corridors/zones will be coordinated and information shared between the responsible dispatch offices.

**Great Basin Airspace Boundary Checklist (Example):****(1)** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dispatcher: \_\_\_\_\_**(2)** Fire Name and/ or Number: \_\_\_\_\_**(3)** Geographic Location: \_\_\_\_\_

Latitude x Longitude: \_\_\_\_\_ x \_\_\_\_\_

VOR Distance and Bearing: \_\_\_\_\_

**(4)** Aircraft Responding:

	Tail #	Departure Point
Air Attack	_____	_____
Lead	_____	_____
Air Tankers	_____	_____
	_____	_____
	_____	_____
Helicopters	_____	_____
	_____	_____
	_____	_____
Smokeyjumpers	_____	_____

**(5)** Is there a TFR in place or requested? Yes No

If yes, what are the parameters? Center Point: Lat. \_\_\_\_\_ Long. \_\_\_\_\_

Radius: \_\_\_\_\_ nm

Altitude: \_\_\_\_\_ MSL

**(6)** Radio Frequencies:

Flight Following Frequency: \_\_\_\_\_

Air to Air (VHF-AM): \_\_\_\_\_

Air to Ground (VHF-FM): \_\_\_\_\_

**(7)** Are there military training routes or Special Use Airspaces near the incident? Yes No

What are the Routes or SUA Involved? \_\_\_\_\_

If yes, has the Scheduling Activity been notified? Yes No

Have Flight Crews been notified? Yes No

**(8)** Adjacent Jurisdiction Dispatch Centers: CHECK ALL APPLICABLE and FAX

Dispatch Center: Phone: Fax:

Dispatch Center: Phone: Fax:

Dispatch Center: Phone: Fax:

**(9)** Has a follow up phone call been made to all Dispatch Centers checked above? Yes No

## Great Basin Incident Management Team Evaluation

<b>Team IC</b>		<b>Incident Type</b>	
<b>Incident Name</b>		<b>Incident Number</b>	
<b>Assignment Dates</b>		<b>Total Acres</b>	
<b>Host Agency</b>		<b>Evaluation Date</b>	
<b>Administrative Unit</b>		<b>Sub-Unit</b>	

**COMPLETE THE FOLLOW EVALUATION NARRATIVES AND RATING FOR EACH QUESTION**

**(0 – did not achieve, 5 – excelled)**

<b>1.</b>	<b>How well did the Team accomplish the objectives described in the Wildland Fire Situation Analysis (WFSa) or Wildland Fire Decision Support System (WFDSS) the Delegation of Authority, and the Agency Administrator Briefing?</b>
<b>Circle one</b>	<div style="display: flex; justify-content: space-around;"> <span>0</span> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>5</span> </div>
(Explain)	
<b>2.</b>	<b>How well did the Team manage the cost of the incident? Did the team follow agency incident operating guidelines? Were follow-up issues identified and documented for the Agency Administrator ie; invoices, OWCP and vendor issues?</b>
<b>Circle one</b>	<div style="display: flex; justify-content: space-around;"> <span>0</span> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>5</span> </div>
(Explain)	
<b>3.</b>	<b>How did the Team demonstrate sensitivity to resource limits/constraints and environmental concerns?</b>
<b>Circle one</b>	<div style="display: flex; justify-content: space-around;"> <span>0</span> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>5</span> </div>
(Explain)	

## Great Basin Incident Management Team Evaluation

<b>4.</b>	<b>How well did the Team deal with sensitive political and social concerns?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>5.</b>	<b>Was the Team professional in the manner in which they assumed management of the incident and how they managed the total incident? How did the Team handle transition either to another IMT or in returning the incident the hosting agency?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>6.</b>	<b>How well did the Team anticipate and respond to changing conditions, was the response timely and effective?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>7.</b>	<b>How well did the Team place the proper emphasis on safety?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>8.</b>	<b>Did the Team activate and manage the mobilization/demobilization in a timely and cost effective manner?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						

## Great Basin Incident Management Team Evaluation

<b>9.</b>	<b>How well did the Team use local resources, trainees, and closest available forces?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>10.</b>	<b>How did the Team notify the incident agency regarding triggers for initiating a cost share agreement or large fire cost review? How were those recommendations implemented?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>11.</b>	<b>Was the IC engaged and in charge of the Team and the Incident? How well did the IC function and operate as a leader?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>12.</b>	<b>How timely was the IC in assuming responsibility for the incident and initiating action?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>13.</b>	<b>How did the IC show sincere concern and empathy for the hosting unit and local conditions?</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						



## Great Basin Incident Management Team Evaluation

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<b>14.</b>	<b>Was the agency administrator or designee made aware that the Time Unit closed out/transitioned per unit operating guidelines? Example: AD time complete per payment center and agency requirements, cooperators given appropriate documents per agreements, OF 288's complete and returned.</b>					
<b>Circle one</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Explain)						
<b>15.</b>	<b>Other comments:</b>					
<b>Note: Agency Administrators may provide additional feedback relating to the financial package to Incident Commanders and GACCs 60-90 days following the IMT close-out. AA's should coordinate with the payment centers and local business specialists on follow-up evaluation questions 2, 10, 14 and any other pertinent feedback.</b>						
<b>Agency Administrator or Agency Representative:</b>					<b>Date:</b>	
<b>Incident Commander:</b>					<b>Date:</b>	

**BUYING TEAM PERFORMANCE EVALUATION**

Instruction: The Line Officer or Designated Agency Representative completes the performance evaluation prior to release of the Buying Team. The Buying Team Leader shall forward a copy of the rating to the incident agency incident business representative.

Incident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Incident Agency: \_\_\_\_\_

Buying Team Name: \_\_\_\_\_

Evaluator's Name & Position: \_\_\_\_\_

Evaluator's Phone No.: \_\_\_\_\_

- 1) Was the Leader an effective manager of the Buying Team and its activities?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 2) Was it obvious that the Leader was in charge?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 3) Did the Buying Team adhere to the Incident Business Management Handbook rules and policy?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 4) Did the Buying Team evaluate the availability of goods and services, prices, and delivery costs, and did the team select the source best meeting incident needs?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 5) Did the Buying Team make sound cost management decisions and provide documentation to support their decision?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 6) Was the Buying Team prompt in supplying goods and services for the incident?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 7) Was the Buying Team sensitive to local community issues, local businesses, local contractors, and local land owners?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 8) Was the Buying Team effective in negotiating and issuing EERA's and Emergency Facilities and Land Use Agreements?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 9) How well did the Buying Team manage accountable property?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 10) How was the Buying Team's performance in settling claims (if applicable)?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 11) How was the Buying Team's ability to anticipate and respond to changing conditions, such as additional incidents and/or workloads?  
*Above Satisfactory      Satisfactory      Below Satisfactory*

- 12) How was the Buying Team's coordination and cooperation with the incident agency?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 13) How was the Buying Team's coordination and cooperation with expanded dispatch?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 14) How was the Buying Team's coordination and cooperation with the IMT?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 15) How was the Buying Team's coordination and cooperation with the Agency Rep. or IBA?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 16) Was the Buying Team's documentation package complete and submitted appropriately?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 17) Did the Buying Team present a positive attitude and work in a professional manner?  
*Above Satisfactory      Satisfactory      Below Satisfactory*
- 18) What one thing would you recommend for this Buying Team to concentrate on improving?
- 19) Describe how the Buying Team exceeded your expectations.

This evaluation has been discussed by and between the: Line Officer or Designated Agency Representative.

Signature:

Date:

Buying Team Leader Signature:

Date:

**For any Below Satisfactory rating, please include an explanation.**

**Forward copy of evaluation to your agency incident business representative.**

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